State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee Stanley County Democrats Complete Mailing Address POBOX 644, Fort Pierre SD 57532 Name of Person Making Report Mary R Giddings Daytime Phone Number 333-30 If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during treporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Party crganization For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/31/2006 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Mary R Gridings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006	Candidates and candidate committees: File in the office PACs, political party, ballot question and other commit	tees: File with	Elections Depai			CCT 19 2006 SD, SEC: OF STATE
Name of Person Making Report Mary R Gradings Daytime Phone Number 333-30 If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Party crganization For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Mary R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 Candidate Signature or Signature or Chairperson	•					
Name of Person Making Report Mary R Gradings Daytime Phone Number 333-30 If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Party crganization For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Mary R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 Candidate Signature or Signature or Chairperson	Name of Candidate or Committee 51	anley	Coun	ty Dei	nocra	ts
If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during treporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Party organization For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I May R Gridings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006	Complete Mailing Address PoBo.	x 644	, Fort	Pierre	SD	57532
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I May R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 Making Report Candidate Signature or Signature or Chairperson	Name of Person Making Report Mary	R. Gi	ddings	Daytime Pho	one Number	223-2049
Type of Report (See pages 4 & 5 of Guideline Book) Party crganization For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/31/2006 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Mary R Cradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 May R Gradings Candidate Signature or Signature of Committee Treasurer or Chairporson	If you are a candidate, what office are you	ı seeking?_				
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I May R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/17/2006 Making Report Candidate Signature or Signature of Committee Treasurer or Chairperson					was involve	ed with during the
The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I May R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 May R Gradings Candidate Signature or Signature of Committee Treasurer or Chairperson	Type of Report (See pages 4 & 5 of Guide	eline Book)	Part	y orga	anczat	hion
VERIFICATION OF PERSON MAKING REPORT I Mary R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 May R Gradings Candidate Signature or Signature of Committee Treasurer or Chairperson	For Reporting Period Ending (See pages 4	4 & 5 of Gui	deline Book	10/31	12000	6
I Mary R Gradings (print name legibly), certify that I have examine this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/11/2006 Mary R Gradings Candidate Signature or Signature of Committee Treasurer or Chairperson	The following verification must be comp	leted before	submitting i	report.		
Date: 10/11/2006 Mary Registerings Candidate Signature or Signature of Committee Treasurer or Chairperson	VERIFICATION OF PERSON MAKING	REPORT				
Candidate Signature or Signature of Committee Treasurer or Chairperson	I Mary R Gadir this report and to the best of my knowledge	ge and belief	(print it is true, co	name legibly)	, certify that plete.	I have examined
Revised July 2001 Filed this day of	Date: 10/11/2006		_	\ \ \	ddens	gs) on
SECRETARY OF STATE	Revised July 2001				DONE Of Mel	bon

Name of Candidate or Committee_	<u>5</u> †	anle	y Cou	inty.	<u> Vemoc</u>	vats
For the reporting period ending	10	[3]	2006			•

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from In	*\$ 386°°		
Itemized Contributions from Indi	viduals		•
Name	Residence Address	Place of Employment (Name of Employer)	
			\$
			\$
			\$
·			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			<u> </u>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total of Itemized Contributions fro	om Individuals:		*\$ <u>386.00</u>

Name of Candidate or Committee:_	Stanley County Democ	<u>rats</u>
For the reporting period ending:	10/31/2006	
List on this schedule fund-raising events held	le B - Fund-Raising Events Proceeds to raise money for the candidate and the net proceeds derived ribution results in their aggregate being more than \$100 in the	
Type or Name of Event	<u> </u>	Net Proceeds
Fund raiser for	Rep Steptome Herseth	350,00
		350.00
Total:		
Report all non-cash contributions of goods or s contributor, residence address and place of emp Nature of Non-Cash Contribution	services and the estimated fair market value. If the value exceptoyment must be reported. Name, Residence Address & Place of Employment	eeds \$100, the name of the state of the stat
	1	
Total:		
	Schedule D - Other Income t earned or other income which is not a direct contribution.	
Use this schedule to report any refunds, interes		Amount
Use this schedule to report any refunds, interes		Amount
Use this schedule to report any refunds, interes		Amount
Use this schedule to report any refunds, interes		Amount
		Amount
Use this schedule to report any refunds, interes		Amount

Appendix B

Name of Candidate or Committee:_	Stanler	1 County	Democrats
For the reporting period ending:	10/31/20	×06	

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expenses		Contributions Made to Candidates and Committees				
Item	Amount	Name of Candidate or Committee	Amount			
Advertising		Steve Kolbeck	100.00			
Consulting		Stephanie Herseth	100.00			
Postage		Ron Volesky	100.00			
Printing	684.98	Jack Billion	100.00			
Rent	80.75	Bryce Healy	100.00			
Salaries	50,70	To Touring				
Telephone		, utalida a tara da ta				
Travel						
Utilities		**************************************				
List other expense items below	List other expense amounts below					
	1		- · · · · · · · · · · · · · · · · · · 			
Queen Universi						
POBOX sent	18.00					
-						
		Mark of the Mark o				

-						

to the state of th		The state of the s				
			-			

Total Expenditures:		•	<u>1,308.73</u>			

Appendix B

Name of Candidate or Committee:	Stan	lev	County	Democrats
For the reporting period ending:	(0)	<u>3i/</u>	2006	

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to:	Purpose:	Amount
	·	
	·	
		· · · · · · · · · · · · · · · · · · ·
	to a solution to the second	
Total Obligations:		$\underline{}$

\$<u>30936</u>

Na	nme of Candidate or Committee: <u>Stanley</u>	County 1	<u>)emocra</u>	ts			
Fo	For the reporting period ending: 10/31/2006						
	Summa is summary sheet will give a brief outline of all campaign finance must the schedules previously completed.	ary Page ce activity during this re	eporting period. Ple	ase transfer all totals			
1.	Amount on hand, if any, at the beginning of the rep	orting period:		\$ <u>882.09</u>			
2.	Receipts						
	Schedule A - Direct Contributions \$ 380	6.00					
•	Schedule B - Fund-Raising Events \$ 35	2.00					
	Schedule C - In Kind Contributions \$	0					
	Schedule D - Other Income \$	<u>O</u>					
	Total of all Receipts \$ 73	6.00					
3.	Total Monetary Receipts (A+B+D)			\$ <u>736.00</u>			
4.	Candidate's Personal Contribution to Own Campaig	n		\$ <u> </u>			
5.	Monetary Loans to Candidate or Committee During	Reporting Period		\$			
6.	Monetary Loans Repaid During Reporting Period			\$			
7.	Expenditures - Schedule E		:	\$ <u>1,308.73</u>			
8.	Unpaid Obligations - Schedule F \$	2					

9. Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5) – (6+7)

